

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF RONNIE DANIELS - #2007-0064180	COURT CASE NUMBER 08 C 1727 08cv1727
DEFENDANT CHICAGO POLICE DEPARTMENT, ETAL	TYPE OF PROCESS SUMMONS & COMPLAINT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE POLICE OFFICER FLEMING, BADGE #6063- CHICAGO POLICE DEPARTMENT AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
RONNIE DANIELS - #2007-0064180 COOK COUNTY JAIL P.O. BOX 089002 CHICAGO, IL 60608	Number of parties to be served in this case 7
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

FILED

Jul 14, 2008
JUL 14 2008 YM

Fold

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		07-10-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 6 OF 8	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk <i>R.T.</i>	Date 07-10-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served <i>(If not shown above)</i> <i>Urn cent Caffo</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address <i>(complete only different than shown above)</i> <i>Legal</i>	Date <i>7/14/08</i> Time <i>2:53 pm</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>D.J.D.</i>	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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One Service Fee charged same case + location see process detail for charges

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED